STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

OCT 24 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

Melinda Kinney

I. Name of Lobbyist(s)	Melinda Kinney			DEPARTMENT OF
II. Name of lobbyist's par	tnership, firm or cor	poration, if any:		
Charter (Communications, Inc.			
(Name of	partnership, firm or corpo	oration)		
118 Johnson I	Road	Portland	ME	04102
Business Address: (Street)		(Town/City)	(State)	(Zip Code)
(207) 253-2217	()		e-mail melinda.kin	ney@charter.com
(Telephone)	\ /_	(Fax)		
reportable expense transa	ections which are not	attributable to a	,	
★ All reportable transaction **Temperature** **Tem	ons occurring in the m	onths prior to the	reporting date relative to the	following client:
	Charter Communicat			
OR (Fu	ll Name of Client as it ap	pears on the Lobby	ist Registration Form)	
		luding the lobbyi	st's family), or the lobbying	firm listed below which ar
IV. Date of Report Reports cover: activity from	April 25, 2018 om date of registration to	o 3/31/18	July 25, 2018	
	ctober 31, 2018 🖺 ity from 7/1/18 to 9/30/18	8	January 30, 2019 \Box activity from 10/1/18 to 12/31/1	8
			ansactions made since the ecretary of State's Office, Sta	
VI. Check if additional re	norts are attached:			
	-	es, vou must file	Addendum A- Fees and Exp	penses
*	-	. •	nust file Addendum B- Repo	
_ •	our family has made po	litical contributio	ns, you must file Addendun	C- Political Contribution
Sworn Statement/Affirma I have read RSA 15, RSA 1 and complete to the best of	15-B, RSA 14-C and R		by swear or affirm that the fo	regoing information is true
WILLIA OK M	LALIN		October 22	, 2018
(Signature of lobbyist)	. 7		(Date	
Melinda Kinney	. 🗸			
(Print Name of lobbyist)				